

**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

|   |    |                               |                 |
|---|----|-------------------------------|-----------------|
| <b>TRANSMITTAL<br/>FORM</b>                     |    | <b>Application Number</b>     | 10/598,209      |
|   |    | <b>Filing Date</b>            | 11/16/2006      |
|   |    | <b>First Named Inventor</b>   | Bjarne SØRENSEN |
|   |    | Group Art Unit                | 2614            |
|   |    | Examiner                      | Jesse A. Elbin  |
| <b>Total Number of Pages in This Submission</b> | 16 | <b>Attorney Docket Number</b> | 742111-176      |

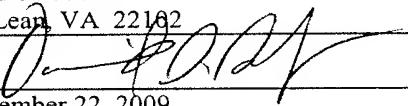
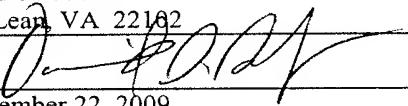
**ENCLOSURES (check all that apply)**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment After Quayle Action / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input checked="" type="checkbox"/> New Sheet of Drawings – Figs. 16-17<br><input checked="" type="checkbox"/> Replacement Drawings – 8 Sheets – Figs. 1-15<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ |  | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input type="checkbox"/> Other Enclosure(s) (please identify below): _____ |  |
|---|--|---|--|--|--|

Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                                      |   |
|--------------------------------------|---|
| Firm<br><i>or</i><br>Individual name | David S. Safran, Reg. No. 27,997<br>Roberts Mlotkowski Safran & Cole, P.C.<br>PO Box 10064<br>McLean, VA 22102<br> |
| Signature                            |    |
| Date                                 | December 22, 2009   |

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at \_\_\_\_\_.

Date

Signature

Typed or printed name